

11/21/2014

Provider Number: 175353

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Arma Care Center LLC
605 E. Melvin Street, PO Box 789
Arma, KS 66712-0789

LICENSURE AND CERTIFICATION SURVEY

On November 21, 2014, a Health survey was concluded at your facility by the Kansas Department for Aging and Disability Services (KDADS) to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found the most serious deficiencies in your facility to be an "F" level. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Enforcement Remedies

Required remedies will be recommended for imposition by the Center for Medicare and Medicaid Services (CMS) Regional Office if your facility has failed to achieve substantial compliance. Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended. The outcome of a revisit may result in a change in the remedy selected.

Based on the deficiencies cited during your survey and as authorized by Centers for Medicare & Medicaid Services (CMS), a denial of payment for new Medicare admissions is imposed effective February 21, 2015. This action is taken pursuant to Sections 1819(h) and 1919(h) of the Social Security Act. We are notifying the Fiscal Intermediary that the denial of payment for new Medicare admissions is effective on February 21, 2015 and we are advising the State Medicaid Agency to deny payment for new admissions effective February 21, 2015.

The denial of payment for all new Medicare admissions will remain in effect until your facility has achieved substantial compliance or your provider agreement is terminated. Informal dispute resolution for the cited deficiencies will not delay the imposition of enforcement remedies.

If substantial compliance is not achieved within six (6) months of the health survey identifying noncompliance, May 21, 2015, we are recommending to CMS that your facility be terminated from Medicare program.

NOTE: The above remedies are subject to change if substantial compliance is not achieved following subsequent visits per CMS Revisit Policy dated May 3, 2001.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, you will be provided with a separate formal notification of that determination.

Plan of Correction (POC)

At the conclusion of the survey, you were provided a CMS-2567L (Statement of Deficiencies) which listed the deficiencies found at this survey. You should submit your Plan of Correction online at www.kdads.ks.gov. An acceptable Plan of Correction will constitute a credible allegation of compliance. The Plan of Correction must contain the following in order to be acceptable:

Your plan of correction must be documented on the CMS 2567L forms provided to you at the exit conference, and contain the following:

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
3. Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not recur;
4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: (the facility must develop a plan for ensuring that correction is achieved and sustained); and,
5. Include the dates corrective action was completed.

Please note that Federal law, as specified in the Social Security Act 1819(F)(2)(B) and 1919(f)(2)(B) prohibits approval of nurse aide training and competency evaluation programs (**NATCEP**) and nurse aide competency evaluation programs (CEP) offered by or in a facility which has been subject to the following: an extended or partial extended survey; assessment of a Civil Money Penalty of not less than \$5000.00; a Denial of Payment for new Medicare/Medicaid admissions; or termination. If any of these situations occur, **NATCEP** is to be denied and you will be so advised in a separate notification.

Informal Dispute Resolution (IDR)

In accordance with CFR 488.331, you have one opportunity to question newly identified deficiencies or a different example of a previously cited deficiency through an informal dispute resolution (IDR). You may also contest scope and severity assessments for deficiencies which resulted in a finding of substandard quality of care or immediate jeopardy. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies (or why you are disputing the scope and severity assessments of deficiencies which have been found to constitute substandard quality of care or immediate jeopardy) to:

Joe Ewert, Commissioner
Kansas Department for Aging and Disability Services
Survey, Certification and Credentialing Commission
612 South Kansas Avenue
Topeka, KS 66603-3404

KDADS must receive your written request for IDR within 10 calendar days of your receipt of the statement of deficiencies. An incomplete IDR process will not delay the effective date of any enforcement action.

If you have any questions concerning the instructions contained in this letter, please contact me at (785) 368-7055.

Irina Strakhova
Enforcement Coordinator
Survey, Certification and Credentialing Commission
Kansas Department for Aging and Disability Services

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c: Janice VanGotten, Regional Manager, KDADS
Joe Ewert, Commissioner, KDADS
Audrey Sunderraj, Director, KDADS